

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: \_\_\_\_\_ 2 Serial/Patent # 10/532112

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>50</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND \$ 50

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

06-2140

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

*Rate change - 08 Dec 2004 -*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: *Lerry M. Johnson*

TITLE: *Supervisor*

PHONE: *703-308-9140*

*X221*

OFFICE: *DO/ED*

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B